

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | 3/1 | 60245 | 1-12-99 |
| O.I.P.E. CLASSIFIER | | 7 | 1-12-99 |
| FORMALITY REVIEW | (X) | 716270 | 1/21 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
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| Claim | Final | Original | Date |
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| 52 | | 4/18/00 | |
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If more than 150 claims or 10 actions
staple additional sheet here

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